

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000066600

FILED
Jul 10, 2009
Secretary of State**Entity Name:** LONG TERM ROOFING INC.**Current Principal Place of Business:**8199 NAULT ROAD
NORTH FT MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**8199 NAULT ROAD
NORTH FT MYERS, FL 33917**New Mailing Address:****FEI Number:** 32-0255862**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZOLA, PAM
8199 NAULT ROAD
NORTH FT MYERS, FL 33197 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PST () Delete
Name: ZOLA, PAM
Address: 8199 NAULT ROAD
City-St-Zip: NORTH FT MYERS, FL 33917

Title: VP () Delete
Name: ZOLA, PAM
Address: 8199 NAULT ROAD
City-St-Zip: NORTH FT MYERS, FL 33917

Title: S (X) Delete
Name: BRECHBIEL, TIMOTHY
Address: 4427 NW 17 AVE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM ZOLA

PST

07/10/2009

Electronic Signature of Signing Officer or Director_____
Date